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| Fill in this information to identify your case: | |
|---|-------------------------------|
| United States Bankruptcy Court for the: | |
| Northern District of: Illinois (State) | |
| Case number (if known) | Chapter you are filing under: |
| | Chapter 7 Chapter 11 |
| | Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | Lavonda | |
| | Write the name that is on | First name | First name |
| | your government-issued | K Middle name | Middle name |
| | picture identification (for example, your driver's | Travis | Wildule Hairie |
| | license or passport | Last name | Last name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | | |
| | have used in the last | First name | First name |
| | 8 years | Middle name | Middle name |
| | Include your married or maiden names. | Wildle Harie | Wilderfame |
| | maiden names. | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social | XXX - XX | xxx - xx- |
| | Security number or federal Individual | OR | OR |
| | Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

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| Debtor 1 Lavonda First Name | K Iravis Middle Name Last Name | Case number (if known) |
|--|---|--|
| | | |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Any business names and Employer | ✓ I have not used any business names or EINs. | I have not used any business names or EINs. |
| Identification Numbers (EIN) you have used in the last | Business name | Business name |
| 8 years | Business name | Business name |
| Include trade names and doing business as names | EIN | EIN |
| | EIN | EIN |
| 5. Where you live | | If Debtor 2 lives at a different address: |
| | 14645 Dante Ave Number Street | Number Street |
| | Dolton Illinois 60419 | 71.0.1 |
| | City State Zip Code Cook | City State Zip Code |
| | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | | |
| | City State Zip Code | City State Zip Code |
| 6. Why you are choosing this district | Check one: | Check one: |
| to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | |
| | | |
| | | |
| | | |

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| Debtor | 1 Lavonda | K | Travis | Case number (if kno | wn) |
|--|--|--|--|---|--|
| | First Name | Middle Name | Last Name | | |
| Part 2: | Tell the Court Abo | ut Your Bankruptcy | Case | | |
| Bar | e chapter of the nkruptcy Code you choosing to file der | | f description of each, see <i>Notice Req</i> 110)). Also, go to the top of page 1 and | | |
| 8. Hov | w you will pay the | more details about cashier's check, of may pay with a critical payeth. I need to pay the Individuals to Payeth. I request that my judge may, but is the official povert you choose this company. | It how you may pay. Typically, if your money order. If your attorney is seedit card or check with a pre-print. fee in installments. If you choose your Filing Fee in Installments (Confee be waived (You may request not required to, waive your fee, any line that applies to your family significant or may request to the second of the second | ou are paying the submitting your ed address. e this option, sig Official Form 103. this option only and may do so onlize and you are u | |
| bar | ve you filed for akruptcy within the t 8 years? | Yes. District District District | WhenWhen | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number |
| cas bei spo filin you par | e any bankruptcy ses pending or ng filed by a buse who is not ng this case with n, or by a business tner, or by an liate? | Ves. Debtor District Debtor District | <u>W</u> hen | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| | you rent your idence? | ✓ No. Go | dlord obtained an eviction judgment a to line 12. out <i>Initial Statement About an Eviction</i> bankruptcy petition. | | of You (Form 101A) and file it with |

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K Travis Debtor 1 Lavonda Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 K
 Travis
 Case number (if known)

 Last Name
 Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Lavonda First Name | | avis Case n | umber (if known) |
|---|---|--|---|
| | estions for Reporting Purposes | st ivanie | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily of "incurred by an individual property." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily by | orimarily for a personal, famil ousiness debts? Business de vestment or through the ope | ebts are debts that you incurred to obtain ration of the business or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fur No. | | exempt property is excluded and administrative eto unsecured creditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 mi \$10,000,001-\$50 n \$50,000,001-\$100 \$100,000,001-\$50 | million \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| 20. How much do you estimate your liabilities to be? | □ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$10 mi \$10,000,001-\$50 n \$50,000,001-\$100 \$100,000,001-\$50 | million \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| Part 7: Sign Below | Lhave examined this potition, and | d I doclare under penalty of r | perjury that the information provided is true and |
| For you | correct. If I have chosen to file under Chapter 11, United States Code. I under Chapter 7. If no attorney represents me and out this document, I have obtained I request relief in accordance with I understand making a false state. | upter 7, I am aware that I may understand the relief availab I did not pay or agree to pay ed and read the notice requir in the chapter of title 11, Unit ement, concealing property, of se can result in fines up to \$ | proceed, if eligible, under Chapter 7, 11,12, or 13 le under each chapter, and I choose to proceed someone who is not an attorney to help me fill |
| | /s/ Lavonda Travis | × | |
| | Signature of Debtor 1 | | Signature of Debtor 2 |
| | Executed on 1/5/2018 MM / DD / | YYYY | Executed on |

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| Debtor 1 Lavonda | K | Travis | Case number (if k | (nown) |
|--|---------------------------|------------------------|------------------------------|---|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed un | ider Chapter 7, 11, 1 | 2, or 13 of title 11, United | ave informed the debtor(s) about d States Code, and have explained the lso certify that I have delivered to the |
| If you are not | debtor(s) the notice req | uired by 11 U.S.C. § | 342(b) and, in a case in w | hich § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge afte | er an inquiry that the | information in the schedu | ules filed with the petition is incorrect. |
| attorney, you do not | 4.4 | | | |
| need to file this page. | /s/ Michael Miller | | Date | 1/5/2018 |
| | Signature of Attorney | for Debtor | MI | M / DD / YYYY |
| | | | | |
| | | | | |
| | Michael Miller | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 20 S. Clark Street | | | |
| | Street | | | |
| | 28th Floor | | | |
| | | | | |
| | Chicago | | Illinois | 60603 |
| | City | | State | Zip Code |
| | Contact phone | 3122568728 | Email address | mmiller@semradlaw.com |
| | | | | |
| | Bar number | | Illinois State | |
| | Dar Hulliber | | State | |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------|----------------------|---------|--|--|--|
| Debtor 1 | Lavonda | K | Travis | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | , | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | |
| | | | (State) | <u></u> | | | |
| Case number (If known) | _ | | | | | | |

| Check if this is an |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B) | ¢49.667.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$48,667.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$41,683.50 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$90,350.50 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$146,163.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Ψ140,100.00 |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$4,500.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$25,295.02 |
| Your total liabilities | \$175,958.02 |
| art 3: Summarize Your Income and Expenses | |
| atts. Summanze rour moome and Expenses | |
| | ФО ООО ОО |
| . Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$3,820.90 |

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| Deb | tor 1 Lavonda | K | Travis | Case number (if known) | |
|-------------|--------------------------|---|-----------------------------------|--|------------|
| Part 4 | First Name Answer These | Middle Name se Questions for Administrat | Last Name | de | |
| rait | Answer mes | se Questions for Administrati | ilve and Otalistical Mecon | u3 | |
| 6. A | re you filing for ban | kruptcy under Chapters 7, 11, o | r 13? | | |
| | No. You have not | thing to report on this part of the fo | orm. Check this box and submit | this form to the court with your other sch | edules. |
| Ŀ | Yes. | | | | |
| 7 14 | hat kind of debt do | you have? | | | |
| /. W | | | | | |
| Ŀ | | orimarily consumer debts. Consu old purpose. 11 U.S.C. § 101(8). F | | y an individual primarily for a personal, purposes. 28 U.S.C. § 159. | |
| Г | ☐ Your debts are r | not primarily consumer debts. Yo | ou have nothing to report on thi | is part of the form. Check this box and sub | omit |
| | this form to the c | ourt with your other schedules. | | | |
| 8. F | From the Statemen | t of Your Current Monthly Incom | ne: Copy your total current mon | thly income from Official | \$3,981.56 |
| | | 1; OR , Form 122B Line 11; OR , Fo | | • | |
| 9. | Copy the following | special categories of claims fro | om Part 4 line 6 of Schodule | E/E· | |
| 3. | | | om Fart 4, ime o oi ochedule | | |
| | From Part 4 on Sc | hedule E/F, copy the following: | | Total claim | |
| | 9a. Domestic suppo | ort obligations (Copy line 6a.) | | \$0.00 | |
| | | , , , | . (0 | \$4,500.00 | |
| | 9b. Taxes and certain | in other debts you owe the govern | ment. (Copy line 6b.) | <u>· </u> | |
| | 9c. Claims for death | or personal injury while you were | intoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. Student loans. (| Copy line 6f.) | \$0.00 | | |
| | 9e. Obligations arisi | ng out of a separation agreement o | or divorce that you did not repor | t as \$0.00 | |
| | priority claims. (Cop | | | | |
| | 9f Debts to pension | n or profit-sharing plans, and other | similar debts (Copy line 6h.) | \$0.00 | |
| | on Bobio to porision | . or pront originity plans, and other | omina dobto. (Oopy mie on.) | | |

\$4,500.00

9g. Total. Add lines 9a through 9f.

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| Fill in this | information to identify your ca | ase: | | | | |
|--|---|--|--|---|---|---|
| Debtor 1 | Lavonda | K | Travis | | | |
| Debtor 2 | First Name | Middle Nam | e Last Name | | | |
| (Spouse, if fi | ling) First Name | Middle Nam | e Last Name | | | |
| United Sta | ates Bankruptcy Court for the: | Northern | District of Illinois | | | |
| Case num | nber | | (State) | | | |
| Officia | al Form 106A/B | | | | | Check if this is an amended filing |
| Sche | dule A/B: Prope | rty | | | | 12/1 |
| category v responsibl write your | ategory, separately list and d where you think it fits best. E le for supplying correct infor r name and case number (if k | e as complete and mation. If more spa nown). Answer ever | accurate as possible. If t ce is needed, attach a se y question. | wo married people a parate sheet to this t | re filing together, both a form. On the top of any a | re equally |
| | Describe Each Residenc | | | | | |
| 1. Do you | u own or have any legal or eq No. Go to Part 2 | uitable interest in a | any residence, building, l | and, or similar propei | rty? | |
| | Yes. Where is the property? | | | | | |
| 1.1 | Street address, if available, or o | | /hat is the property? Che Single-family home Duplex or multi-unit buil | | the amount of any secu | claims or exemptions. Put ared claims on <i>Schedule D:</i> hims Secured by Property. |
| | Number Street | | Condominium or coope Manufactured or mobile | rative | Current value of the entire property? \$48667.00 | Current value of the portion you own? \$48667.00 |
| | Dolton Illinois City State Cook County | 60419 Zip Code | Land Investment property Timeshare | | Describe the nature o interest (such as fee s the entireties, or a life | simple, tenancy by |
| | County | L | Other | | Check if this is co | mmunity property |
| | | | /ho has an interest in the ne. | property? Check | (see instructions) | |
| | | [| Debtor 1 only | | | |
| | | ַ | Debtor 2 only Debtor 1 and Debtor 2 of | un ly | | |
| | | Ļ | At least one of the debto | | | |
| | | p | Ither information you wis roperty identification | | em, such as local | |
| If you | own or have more than one, lis | | umber: | | | |
| 1.2 | Street address, if available, or o | | /hat is the property? Che Single-family home Duplex or multi-unit buil | | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D:</i> hims Secured by Property. |
| | | | Condominium or coope Manufactured or mobile Land | | Current value of the entire property? | Current value of the portion you own? |
| | Number Street | | Investment property Timeshare | | Describe the nature o interest (such as fee s the entireties, or a life | simple, tenancy by |
| | City State | | Other /ho has an interest in the ne. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on the debtor 1 and Debtor 2 on the debtor 3 on the debtor 4 on the debtor 3 on the debtor 3 on the debtor 4 on the | nly | Check if this is co (see instructions) | ommunity property |
| | | | ther information you wis roperty identification nu | | em, such as local | |

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| Debtor 1 Lavonda | K Middle Name | | number (if known) | |
|---|---|---|---|--|
| Debtor 1 Lavonda First Name .3 Street address, if available, Number Street City State | or other description Zip Code | Travis Last Name What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured the amount of any secu Creditors Who Have Cla Current value of the entire property? Describe the nature of interest (such as fee is the entireties, or a life.) | imple, tenancy by e estate), if known. |
| art 2: Describe Your Veloyou own, lease, or have leg | ne portion you own for a 1. Write that number he chicles al or equitable interest as. If you lease a vehicle, a | At least one of the debtors and another Other information you wish to add about this property identification number: all of your entries from Part 1, including any ere | r entries for pages \$48 | 667.00 |
| No Yes | or utility vericles, motore | Jyoles | | |
| 3.1 Make Model: Year: Approximate mileage: | Buick Encore 2016 33000 | Who has an interest in the property? Chone. Debtor 1 only | the amount of any sect Creditors Who Have Cla | claims or exemptions. Pu ured claims on Schedule L aims Secured by Property. |
| Other information: 2016 Buick Encore | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property instructions) | | Current value of the portion you own? \$15925.00 |
| 3.2 Make Model: Year: | Chevy Trax LS AWD 2018 | Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only | the amount of any secu | claims or exemptions. Pu ured claims on Schedule L aims Secured by Property. |
| Approximate mileage: Other information: 2018 Chevy Trax LS | 250 | Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property instructions) | entire property? \$22595.00 | portion you own? \$22595.00 |

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| 3.3 I | First Name | | | Case number | | |
|---|--|-------------|--|--|---|--|
| | i ii st ivairie | Middle Name | Last Name | | | |
| | | | Who has an interest in the p | roperty? Check | | claims or exemptions. P |
| | Model: | | one. | | | red claims on <i>Schedule</i> aims Secured by Property |
| | Year: | | Debtor 1 only | | Creditors with mave Cia | uills secured by Property |
| , | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| (| Other information: | | Debtor 1 and Debtor 2 only | / | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is communi | tv property (see | | |
| | | | instructions) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 3.4 I | Make | | Who has an interest in the p | roperty? Check | Do not deduct secured | claims or exemptions. P |
| | Model: | | one. | | • | ired claims on Schedule |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | nims Secured by Property |
| , | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| (| Other information: | | Debtor 1 and Debtor 2 only | / | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is communi | ty property (see | | |
| | | | instructions) | | | |
| Exam _l | | | ner recreational vehicles, other v ft, fishing vessels, snowmobiles, m | | | |
| Example N | ples: Boats, trailers, motor No ⁄es Make | | ner recreational vehicles, other ventry ft, fishing vessels, snowmobiles, m Who has an interest in the pi | otorcycle accessor | Do not deduct secured | |
| Example N N Y 4.1 | ples: Boats, trailers, motor No ⁄es | | ther recreational vehicles, other vents, fishing vessels, snowmobiles, m Who has an interest in the prone. | otorcycle accessor | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> |
| Examp | ples: Boats, trailers, motor No /es Make Model: | | who has an interest in the prone. Debtor 1 only | otorcycle accessor | Do not deduct secured the amount of any secu Creditors Who Have Cla | claims or exemptions. Pured claims on Schedule lims Secured by Property |
| Examp ✓ N ✓ Y 4.1 | ples: Boats, trailers, motor No /es Make Model: Year: Approximate mileage: | | who has an interest in the prone. Debtor 1 only Debtor 2 only | otorcycle accessor | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule hims Secured by Property Current value of the |
| Examp ✓ N ✓ Y 4.1 | ples: Boats, trailers, motor No Yes Make Model: Year: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | otorcycle accessor roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule iims Secured by Property |
| Examp ✓ N ✓ Y 4.1 | ples: Boats, trailers, motor No /es Make Model: Year: Approximate mileage: | | who has an interest in the prone. Debtor 1 only Debtor 2 only At least one of the debtors | otorcycle accessor roperty? Check , and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | rred claims on Schedule nims Secured by Property Current value of the |
| Examp ✓ N ✓ Y 4.1 | ples: Boats, trailers, motor No /es Make Model: Year: Approximate mileage: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | otorcycle accessor roperty? Check , and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule hims Secured by Property Current value of the |
| Examp ✓ N ✓ Y 4.1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communication. | roperty? Check and another ty property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule hims Secured by Property Current value of the portion you own? |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communications | roperty? Check and another ty property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: Make Model: Year: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communities instructions) Who has an interest in the prone. | roperty? Check and another ty property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communities instructions) Who has an interest in the prone. | roperty? Check and another ty property (see | Do not deduct secured the amount of any secuce Creditors Who Have Classes Current value of the entire property? Do not deduct secured the amount of any secu | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: Make Model: Year: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communicinstructions) Who has an interest in the prone. Debtor 1 only | otorcycle accessor roperty? Check and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classifications | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P hired claims on Schedule hims Secured by Property |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | | who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communicinstructions) Who has an interest in the prone. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only | roperty? Check and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P ared claims on Schedule hims Secured by Property Current value of the |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | | who has an interest in the prone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communitinstructions) Who has an interest in the prone. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only | roperty? Check and another ty property (see roperty? Check | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property Current value of the portion you own? claims or exemptions. P ared claims on Schedule hims Secured by Property Current value of the |

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Debtor 1 Lavonda Travis Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$950.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used Electronics - 1 TV, 2 laptop, 1 tablet, 1 game system, 1 cell phone \$1200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$600.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2850.00 for Part 3. Write that number here

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Travis

Debtor 1 Lavonda Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: PNC 17.1. Checking account: \$21.00 \$2.50 17.2. Checking account: Credit Union 17.3. Checking account: Global Cash \$0.00 17.4. Savings account: 17.5. Savings account: 17.6. Certificates of deposit: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.10. Other financial account: Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Debt | tor 1 Lavonda | K | Travis | Case number (if known) | |
|------|---|---|--------------------------------|--|----------|
| | First Name | Middle Name | Last Name | | |
| 20. | Negotiable instruments | porate bonds and other negot s include personal checks, cashi nents are those you cannot tran Issuer name: | ers' checks, promissory not | es, and money orders. | |
| 21. | Retirement or pension Examples: Interests in | | B(b), thrift savings accounts | , or other pension or profit-sharing plans | |
| | Yes. List each | Type of account: | Institution name: | | |
| | account | 401(k) or similar plan: | through employer | | \$290.00 |
| | separately. | Pension plan: | | | - |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | - | | - |
| | | Additional account: | - | | - |
| | | Additional account: | | | - |
| 22. | | d prepayments ed deposits you have made so to s with landlords, prepaid rent, pu | | | - |
| | Yes | Electric: | | | |
| | | Gas: | | | _ |
| | | Heating oil: | | | _ |
| | | Security deposit on rental uni | t: | | |
| | | Prepaid rent: | | | _ |
| | | Telephone: | | | _ |
| | | Water: | | | |
| | | Rented furniture: | | | _ |
| | | Other: | | | |
| 23. | Annuities (A contract | for a periodic payment of money | to you, either for life or for | a number of years) | - |
| | ✓ No ☐ Yes | Issuer name and description: | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| Debt | or 1 Lavonda First Name | K Middle | Nama | Travis Last Name | Case number (if known) | |
|------|--|---|-----------------|-----------------------------|--|--|
| 24. | | | | | under a qualified state tuition program. | |
| | | 530(b)(1), 529A(b), and 529 | | | | |
| | ✓ No | | | en | nterests.11 U.S.C. § 521(c): | |
| | Yes | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 25. | | | property (other | than anything listed in | line 1), and rights or powers | |
| | | or your benefit | | | | |
| | ✓ No Yes. Descr | ribo | | | | |
| | Tes. Desci | ibe | | | | |
| | | <u>-</u> | | | | |
| 26. | | rights, trademarks, trade met domain names, websit | | | = - | |
| | No No | | | | | |
| | Yes. Descr | ribe | | | | |
| | | | | | | |
| 27. | Licenses fran | nchises, and other genera | l intangibles | | | |
| | | · · · · · · · · · · · · · · · · · · · | - | e association holdings, li | quor licenses, professional licenses | |
| | ✓ No | | | | | |
| | Yes. Descr | ribe | | | | |
| | | | | | | |
| | | · | | | | |
| Mon | ney or proper | ty owed to you? | | | | Current value of the |
| Mon | ney or proper | ty owed to you? | | | | Current value of the portion you own? |
| Mon | ney or proper | ty owed to you? | | | | portion you own? Do not deduct secured |
| | ney or proper | | | | | portion you own? |
| | | | | | | portion you own? Do not deduct secured |
| | Tax refunds ow No Yes. Give s | ved to you pecific information | | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds ow No Yes. Give s about | ved to you | | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds ow No Yes. Give s about you a | ved to you pecific information them, including whether | | | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th | pecific information them, including whether lready filed the returns he tax years | | | | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th | pecific information t them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th | pecific information t them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: Local: ance, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information t them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: Local: ance, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: Local: ance, divorce settlement, property settlemen Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | spousal support | t, child support, mainten | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past No Yes. Give s Other amounts | pecific information them, including whether lready filed the returns ne tax years t due or lump sum alimony, pecific information | | | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past No Yes. Give s Other amounts Examples: Unpa | pecific information them, including whether lready filed the returns ne tax years t due or lump sum alimony, pecific information | ce payments, di | sability benefits, sick pay | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past No Yes. Give s Other amounts Examples: Unpa | pecific information t them, including whether lready filed the returns ne tax years t due or lump sum alimony, pecific information | ce payments, di | sability benefits, sick pay | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past No Yes. Give s Other amounts Examples: Unpa | pecific information them, including whether liready filed the returns ne tax years t due or lump sum alimony, pecific information | ce payments, di | sability benefits, sick pay | State: Local: ance, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Lav | | K | Travis | Case number (if known) | |
|------------|-------------|--|---|--|--|--|
| | First | t Name | Middle Name | Last Name | | |
| 31. | | sts in insurance les: Health, disab | | alth savings account (HSA); credit, ho | meowner's, or renter's insurance | |
| | No Yes | s. Name the insu | rance company | Company name: | Beneficiary: | Surrender or refund value: |
| | | each policy and I | | Term Life through employer | | \$0.00 |
| | | | | | | |
| | | | | | | |
| 32. | If you a | | y of a living trust, expect | someone who has died proceeds from a life insurance policy. | or are currently entitled to receive | |
| | ✓ No | | | | | |
| | Yes | s. Describe | | | | |
| 33. | | | | you have filed a lawsuit or made a urance claims, or rights to sue | demand for payment | |
| | ✓ No | | | | | |
| | Yes | s. Describe | | | | |
| | | | | | | |
| 34. | | contingent and off claims | unliquidated claims of | every nature, including countercl | aims of the debtor and rights | |
| | ✓ No | | | | | |
| | Yes | s. Describe | | | | |
| 35. | Any fin | ancial assets y | ou did not already list | | | |
| | ✓ No | | | | | |
| | Yes | s. Describe | | | | |
| | | | | | | |
| 36. | | | • | m Part 4, including any entries for | | \$313.50 |
| | 101 1 41 | t 4. Wiito tilat i | number nere | | | |
| | . | | | | hannak ka 1 kakamanan kankaka ka Dama | |
| Part 37 | | | | terest in any business-related pro | terest In. List any real estate in Par | t I. |
| | | . Go to Part 6. | , 20 21 24 III | , | | Current value of the |
| | | s. Go to line 38. | | | Ī | portion you own? Do not deduct secured claims |
| 38. | Accour | nts receivable o | or commissions you alre | eady earned | C | or exemptions |
| | V No | | | • | | |
| | | s. Describe | | | | |
| | | | <u> </u> | | | |
| 39. | | | nishings, and supplies ated computers, software | e, modems, printers, copiers, fax mad | hines, rugs, telephones, desks, chairs, elec | tronic devices |
| | ✓ No | | | | | |
| | ∐ Yes | s. Describe | | | | |
| | | ı | | | | |

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| Debt | tor 1 Lavonda | K | Travis | Case number (if known) | |
|----------|-------------------------|---|----------------------------------|---------------------------------|--|
| 1.0 | First Name | Middle Name | Last Name | | |
| 40. | Machinery, fixtures, e | equipment, supplies you use | in business, and tools of you | r trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 44 | Inventory | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 12 | Interests in partnersh | nine or joint ventures | | | |
| 72. | | iips of joint ventures | | | |
| | ✓ No | Na | me of entity: | % of ownership: | |
| | Yes. Give specific | | or on analy. | , o o . o | |
| | information about them | _ | | | <u> </u> |
| | | | | | <u> </u> |
| | | | | | |
| 13 (| Customor lists mailing | lists, or other compilation | • | | |
| 43. (| | insts, or other compliation | • | | |
| | ✓ No | | | | |
| | Yes. Do your lists i | nclude personally identifiable | information (as defined in 11 U. | S.C. § 101(41A))? | |
| | ☐ No | | | | |
| | Yes. Desc | rihe | | | |
| | 100. 2000 | , in the second | | | |
| 44. | Any business-related | property you did not alread | ly list | | |
| | ✓ No | | | | |
| | Yes. Give specific | _ | | | _ |
| | information | | | | |
| | | | | | |
| | | _ | | | _ |
| | | <u>-</u> | | | |
| | | | | | |
| | | _ | | | |
| | | _ | | | |
| | | | | | |
| | | | 5, including any entries for p | | |
| • | are of write that hambe | | | | |
| Part | 6: Describe Any F | arm- and Commercial F | ishing-Related Property ` | You Own or Have an Interest In. | • |
| | If you own or have ar | n interest in farmland, list it in Pa | art 1. | | |
| 46. | Do you own or have a | iny legal or equitable intere | est in any farm- or commercia | I fishing-related property? | |
| | No. Go to Part 7. | | | | Current value of the |
| | Yes. Go to line 47. | | | | portion you own? |
| | L . 35. 30 to mio 47. | • | | | Do not deduct secured claims or exemptions |
| 47. | Farm animals | | | | |
| | Examples: Livestock, p | oultry, farm-raised fish | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |

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| Debto | or 1 Lavonda First Name | K Middle Name | Travis Last Name | Case number (if known) | |
|----------------|--------------------------------|---------------------------------------|----------------------|------------------------------|--------------|
| 48. | Crops-either growing | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equi | pment, implements, machinery, fix | ctures, and tools of | trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 50 | Earm and fishing our | lies, chemicals, and feed | | | |
| 30. | No | mes, chemicals, and leed | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| 51. | Any farm- and comme | rcial fishing-related property you | did not already list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | II of your entries from Part 6, inclu | | r pages you have attached | |
| for Pai | t 6. Write that numbe | r here | | | |
| | | | | | |
| | - | | | | |
| Part 7 53. | - | perty You Own or Have an In | | u Did Not List Above | |
| | | ts, country club membership | idy list: | | |
| | ✓ No | | | | |
| | Yes. Give specific information | | | | |
| | | | | | |
| | | | | | |
| 54. Ad | d the dollar value of a | II of your entries from Part 7. Write | e that number here | | • |
| | | | | | |
| | | | | | |
| | | | | | |
| Part 8 | List the Totals o | f Each Part of this Form | | | |
| 55 D | art 1. Total real estate | line 2 | | > | \$48667.00 |
| 55. P | art 1. Total real estate | s, line 2 | | | |
| 56. p a | art 2 total vehicles, lir | ne 5 | \$38520.00 | | |
| 57. P a | rt 3: Total personal a | nd household items, line 15 | \$2850.00 | | |
| 58. P a | rt 4: Total financial a | ssets, line 36 | \$313.50 | | |
| 59. P | art 5: Total business-r | elated property, line 45 | _ | | |
| 60. P | art 6: Total farm- and | fishing-related property, line 52 | | | |
| 61. P | art 7: Total other prop | erty not listed, line 54 | | | |
| 62. T c | otal personal property | Add lines 56 through 61. | \$41683.50 | | + \$41683.50 |
| | | | | Copy personal property total | |
| | | | | | \$90350.50 |
| 63. To | tal of all property on S | Schedule A/B. Add line 55 + line 62. | | | <u> </u> |

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| Fill in this information to identify your case: | | | | | | |
|---|------------|-------------|-----------|----------|--|--|
| Debtor 1 | Lavonda | K | Travis | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | <u> </u> | | |
| United States Bankruptcy Court for the: Northern District of Illinois | | | | | | |
| (State) | | | | | | |
| Case number | | | | | | |
| (If known) | | | | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | t 1: Identify the Property You Clair | n as Exempt | | | | |
|--|---|--|---|------------------------------------|--|--|
| 1. | Which set of exemptions are you claim | i ng? Check one only, ev | ven if your spouse is filing with you. | | | |
| You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | You are claiming federal exemption | ns. 11 U.S.C. § 522(b)(2 | 2) | | | |
| 2. | For any property you list on Schedule A | /B that you claim as e | exempt, fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | |
| | Brief | Concadie 7VB | | 735 ILCS 5/12-901 | | |
| | description: 14645 Dante Ave, Dolton, IL 60419 Line from | \$48,667.00 | \$0 100% of fair market value, up to any applicable statutory limit | | | |
| | Schedule A/B: 01 Brief | | | 735 ILCS 5/12-1001(c); 735 ILCS | | |
| | description: | \$22,595.00 | ✓ | 5/12-1001(b) | | |
| | Chevy Trax LS AWD, 2018, 2018 Chevy Trax LS | | \$0 100% of fair market value, up to any applicable statutory limit | _ | | |
| | Line from Schedule A/B: 03 | | ,, | | | |
| 3. | ✓ No | ery 3 years after that for t | cases filed on or after the date of adjustment.) | | | |
| | No Yes | ereu by the exemption w | vithin 1,215 days before you filed this case? | | | |

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Debtor 1 Lavonda K Travis Case number (if known)
First Name Middle Name Last Name

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemptio |
|---|--|---|-----------------------------------|
| property | Copy the value from Schedule A/B | , | |
| Brief description: Used Furniture | \$950.00 | \$950.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 06 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$1,200.00 | F1 200 00 | 735 ILCS 5/12-1001(b) |
| Used Electronics - 1 TV, 2 laptop, 1 tablet, 1 game system, 1 cell phone | | \$1,200.00 100% of fair market value, up to any applicable statutory limit | _ |
| Line from Schedule A/B: 07 | | | |
| Brief description: | \$600.00 | \$600.00 | 735 ILCS 5/12-1001(a) |
| Used Clothing Line from Schedule A/B: 11 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$100.00 | Ø100.00 | 735 ILCS 5/12-1001(b) |
| Misc Jewelry Line from Schedule A/B: 12 | | \$100.00 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$21.00 | ₹21.00 | 735 ILCS 5/12-1001(b) |
| Checking account, PNC Line from | | \$21.00 100% of fair market value, up to any applicable statutory limit | _ |
| Schedule A/B:17 | | applicable statutory in the | 735 ILCS 5/12-1001(b) |
| description: Checking account, Credit Union | \$2.50 | \$2.50 100% of fair market value, up to any | _ |
| Line from Schedule A/B: 17 | | applicable statutory limit | |
| Brief description: | \$0.00 | ✓ \$0 | 735 ILCS 5/12-1001(b) |
| Checking account, Global Cash | | 100% of fair market value, up to any applicable statutory limit | _ |
| Line from Schedule A/B:17 Brief | | , , , , | 735 ILCS 5/12-1006 |
| description: 401(k) or similar plan, | \$290.00 | \$290.00 | 735 1EGS 3/12-1000 |
| through employer Line from Schedule A/B: 21 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$0.00 | | 735 ILCS 5/12-1001(f) |
| Term Life through employer | | \$0 100% of fair market value, up to any | _ |
| Line from Schedule A/B: 31 | | applicable statutory limit | |

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| Dictor 1 Learned K Trains First Name | | | | | | |
|---|---------|---------------------------------------|---|-----------------------------------|-----------------------------------|-------------------|
| First Name | Fill in | this information to identify your ca | se: | | | |
| First Name | Debto | or 1 Lavonda | K Travis | | | |
| United States Barkeruptcy Court for the: Northern District of Illinois Cases number Part Name District of Illinois Cases number C | | | | | | |
| United States Bankruptcy Court for the: Northern District of Blinois | | | Middle Name Last Name | | | |
| Case number | United | | | | | |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property Eas a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules, You have nothing else to report on this form. Yes. Fill in all of the information below. | | | | | | |
| Schedule D: Creditors Who Have Claims Secured by Property Be a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Yes. Fill in all of the information below. | | | | | | |
| Schedule D: Creditors Who Have Claims Secured by Property 12/1 Be as complete and accurate as possible, if two married people are filting together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Pages, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All secured claims. If a creditor has more than one secured claim, list the order creditor's name. Page particular for each claim. If more than one creditor has a particular claim, list the other creditor's name. Page particular for summary and the claims in alphabetical order according to the creditor's name. Po not deduct the value of collateral that support in this claim. If a creditor has a particular claim, list the other creditor's name. Po not deduct the value of collateral that support in this claim. If a creditor has a particular claim, list the other creditor's name. Po not deduct the value of collateral that support in this claim. State 2PF Cods who owes the debt? Check on the date you flis, the claim is: Check all that apply. ALLSEA also one of the debtors and another. Check all that apply. Check if this claim relates to a community debt base does not be debt? Check and the debtors and another. Check all that apply. Check if this claim relates to a community debt. State 2PF Cods who owes the debto? Check if this claim relates to a community debt. State 2PF Cods who owes the debtor? Check and that apply. Check if this claim relates to a community debt. State 2PF Cods who owes the debtor? Check and that apply. Check if this claim relates to a community debt. Check all that apply. Check if this claim relates to the debtors and another. Check if this claim relates to | Offi | icial Form 106D | | - | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1 | Scl | nedule D: Credito | ors Who Have Claims Secure | ed by Prop | ertv | 12/1 |
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| 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor in sphared claim. If more than one creditor has a particular claim, list the other creditors in amount of claim. Do not deduct the value of collateral. 2.1 ALLY FINANCIAL Creditors Name PO BOX 330901 Author Street As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. At least one of the debtors and another Check if this claim relates to community debt Date debt was 1 Cross Country Bank Crost Sount PI Sank Crost Sountry Bank Crost Sountry Bank Crost Sountry Bank Crost Sountry Bank Order or Share As of the date you file, the claim is: Check all that apply. Author of lien. Check all that sply. Author of lien. Check all that apply. Author of the debtors and another Check if this claim relates to a community debt Author of lien. Check all that apply. Author of lien. Check all that apply. Author of lien. Check all that apply. | more s | space is needed, copy the Additio | | | | |
| No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. | | | | | | |
| Ves. Fill in all of the information below. | 1. [| • | | | | |
| 2. List All secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditor in amount of claim part 2. As much as possible, list the claims is alphabetical order according to the creditor's name. Part 2. As much as possible, list the claims is alphabetical order according to the creditor's name. Por Box 380901 Number Street Describe the property that secures the claim: Suick Encore Value: \$15,925.00 Street Describe the property that secures the claim: Describe the property that secures the claim: Suick Encore Value: \$15,925.00 Street Describe the property that secures the claim: Describe the property that secures the claim: Suick Encore Value: \$15,925.00 Street Describe the property that secures the claim: Describe the property that secures the claim is: Check all that apply. At least one of the debtors and another Describe the property that secures the claim: Check if this claim relates to a community debt Describe the property that secures the claim: 1 cross Country Bank Describe the property that secures the claim: Secure Suice Su | L | _ | • | e nothing else to rep | ort on this form. | |
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| Describe the property that secures the claim: \$27,163.00 \$15,925.00 \$11,238.00 | 2. | separately for each claim. If more th | an one creditor has a particular claim, list the other creditors in | Amount of claim Do not deduct the | Value of collateral that supports | Unsecured portion |
| Creditor's Name PO BOX 380901 Street Str | 0.1 | ALLY FINANCIAL | | ¢27 162 00 | | ¢11 229 00 |
| State ZIP Code Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 1 only D | 2.1 | | · · · · | \$27,163.00 | \$15,925.00 | \$11,236.UU |
| BLOOMINGTON MN 55438 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Cross Country Bank Creditor's Name 1 Cross Country PIz Number Street Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Uniquidated Date debt was incurred Date debt was incurred Date debt was incurred Cross Country PIz Namber Street Date debt was incurred Date debt was incurred Check if this claim relates to a community debt Date debt was incurred Check if this claim relates to a community debt Date debt was incurred Check if this claim relates to a community debt Date debt was incurred Check if this claim relates to a community debt Date debt was incurred Check if this claim relates to a community debt Date debt was incurred Check if this claim relates to a community debt Date debt was incurred | | | | | | |
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| who owes the debt? Check chail that apply. Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Date debt was 9/2016 Incurred Describe the property that secures the claim: Cross Country Bank Crity State 12/P Code Who owes the debt? Check one. Wynne AR 72396 City State 12/P Code Who owes the debt? Check cone. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and another December 3 and another December 4 degits of account number December 4 degits of account number December 5 accommunity debt Date debt was incurred Nature of lien. Check all that apply. Describe 4 property that secures the claim: Sp2,000.00 S48,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S43,333.00 S44,667.00 S43,333.00 S43,333 | | City State ZIP Code | | | | |
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| Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 9831 | | = ' | | | | |
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| Date debt was incurred Date debt was incurred Date debt was incurr | | | Other (including a right to offset) | | | |
| 1 Cross County PIz | | Date debt was 9/2016 | Last 4 digits of account number9831 | | | |
| 1 Cross County PIz The street The stre | 2.2 | | Describe the property that secures the claim: | \$92,000.00 | \$48,667.00 | \$43,333.00 |
| Wynne | | 1 Cross County Plz | | | | |
| Wynne AR 72396 City State ZIP Code Who owes the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Unliquidated Disputed Nature of lien. Check all that apply. ✓ An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number Last 4 digits of account number | | Number Street | | | | |
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| To a community debt Date debt was Last 4 digits of account number | | | Judgment lien from a lawsuit | | | |
| Date debt was Last 4 digits of account number incurred | | | Other (including a right to offset) | | | |
| Add the dollar value of your entries in Column A on this page. Write that number \$119,163.00 | | Date debt was | Last 4 digits of account number | | | |
| | | Add the dollar value of y | our entries in Column A on this page. Write that number | \$119,163.00 | | |

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| Debtor 1 L | | K | Travis | Case n | umber (if known) | | |
|--|---|--|--|--------------------|---|--|-----------------------------------|
| F | | Middle Name | Last Name | | | | |
| Additional Page Part:1 After listing any entries on t 2.4, and so forth. | | this page, nun | nber them beginning with 2. | 3, followed by | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| Credi 390 N PLA City Who | State ZIP Code owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt edebt was | Chevy Trax I As of the da Conting Unliquid Disputed Nature of lie An agree car loan) Statuton Judgme Other (in | ated d en. Check all that apply. ement you made (such as mor | ck all that apply. | \$27,000.00 | \$22,595.00 | \$4,405.00 |
| | Add the dollar value of you | our entries in C | Column A on this page. Write | that number | \$27,000.00 | | |
| | If this is the last page of y Write that number here: | our form, add | the dollar value totals from | all pages. | \$146,163.00 | | |

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| | | D | ocument Pa | ge 24 of 67 | | | |
|---|---|---|--|---|-------------------|-----------------|--------------------|
| Fill in this infor | mation to identify your c | ase: | | | | | |
| Debtor 1 | Lavonda First Name | K Middle Name | Travis Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name Last Name | | | | |
| United States E | Sankruptcy Court for the: | | District of Illinois | | | | |
| Case number (If known) | | | (State) | | | | |
| Official F | orm 106E/F | | | | Chec | k if this is an | amended filing |
| Schedu | ıle E/F: Cre | ditors Who | Have Uns | ecured Clain | าร | | 12/15 |
| claims that are the entries in t known). | elisted in <i>Schedule D: C</i> he boxes on the left. At | Creditors Who Hold Clair | ns Secured by Proper | ial Form 106G). Do not incluy. If more space is needed, on the top of any additional pag | copy the Part you | u need, fill it | out, number |
| No. 0 Yes. 2. List all of listed, ider As much Continuat | Go to Part 2. Tyour priority unsecured tify what type of claim it as possible, list the claims in Page of Part 1. If mor | is. If a claim has both prices in alphabetical order acce | more than one priority ority and nonpriority amo ording to the creditor's a a particular claim, list th | unsecured claim, list the credito bunts, list that claim here and s lame. If you have more than two other creditors in Part 3. truction booklet.) | how both priority | and nonprior | ity amounts. |
| | | | | | Total claim | Priority amount | Nonpriority amount |
| | | | Last 4 digits of acco When was the debt i As of the date you fil apply. | | \$4,500.00 | \$4,500.00 | \$0.00 |
| Deb | state surred the debt? Check for 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors ar | Zip Code one. | Contingent Unliquidated Disputed Type of PRIORITY ur Domestic support | | | | |

intoxicated

Other. Specify

Check if this claim relates to a community debt

Is the claim subject to offset?

✓ No Yes Claims for death or personal injury while you were

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| Debto | or 1 Lavonda First Name | K Middle Name | Travis Last Name | Case number (if known) | |
|---------|---|--|--|---|---------------------|
| Part 2 | | | | | |
| 3. [| No. You have nothing to report Yes. | ity unsecured claims port in this part. Subn | against you? nit this form to the c | ourt with your other schedules. | |
| u It | insecured claim, list the creditor s | eparately for each claim | . For each claim liste | of the creditor who holds each claim. If a creditor has mo ad, identify what type of claim it is. Do not list claims already t 3. If you have more than four priority unsecured claims fill of | included in Part 1. |
| | | | | | Total claim |
| 4.1 | CAPITALONE Nonpriority Creditor's Name c/o Pollack & Rosen, P.C | | | st 4 digits of account number 1991 hen was the debt incurred? 2/2015 | \$1,407.00 |
| | City Stat Who incurred the debt? Chec ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate | orgia 3014 e Zip C k one. and another | ida Code Ty | cof the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed pe of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other, Specify CreditCard | |
| | Is the claim subject to offset? No | ? | _ | Other. Specify <u>CreditCard</u> | |
| | Yes | | | | |
| 4.2 | City of Chicago - Parking and re Nonpriority Creditor's Name Department of Revenue - PO Be Number Street Chicago Illing City State | ox 88292 ois 6068 | As | then was the debt incurred? n/a for the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | <u>\$285.00</u> |
| | Who incurred the debt? Chec ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors ☐ Check if this claim relate Is the claim subject to offset? ✓ No ☐ Yes | and another s to a community del | | pe of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| 4.3 | COMENITY BANK/LNBRYANT Nonpriority Creditor's Name 4590 E Broad St Number Street | | WI | then was the debt incurred? 12/2014 15 of the date you file, the claim is: Check all that apply. 16 Contingent | \$120.00 |
| | Columbus Ohit City Stat Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim relate Is the claim subject to offset? Yes | e Zip C k one. , and another es to a community del | Code L | Unliquidated Disputed pe of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | |

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Debtor 1 Lavonda K Travis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 COMENITYCAP/CHLDPLCE \$42.00 Last 4 digits of account number 5078 Nonpriority Creditor's Name When was the debt incurred? 7/2015 PO BOX 182120 Street As of the date you file, the claim is: Check all that apply. Contingent COLUMBUS Ohio 43218 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ CreditCard Is the claim subject to offset? **✓** No Yes DISCOVER FIN SVCS LLC \$293.00 Last 4 digits of account number 3838 Nonpriority Creditor's Name PO BOX 15316 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent WILMINGTON Delaware 19850 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ CreditCard Is the claim subject to offset? **✓** No Yes KOHLS/CAPONE 4.6 \$289.00 Last 4 digits of account number _ Nonpriority Creditor's Name PO BOX 3115 When was the debt incurred? 7/2015 Number As of the date you file, the claim is: Check all that apply. Contingent MILWAUKEE 53201 Wisconsin Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or

No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts
Other. Specify _

divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar

CreditCard

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Debtor 1 Lavonda K Travis Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 LVNV Funding LLC \$10,157.02 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 10675 Number As of the date you file, the claim is: Check all that apply. c/o Resurgent Capital Services Contingent Unliquidated 29603 South Carolina City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ____ 17 M1 192152 Is the claim subject to offset? **✓** No Yes \$2,000.00 McNeely Stephenson Subrogation Group 4.8 Last 4 digits of account number _ Nonpriority Creditor's Name 2150 Intelliplex Drive, Ste100 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Shelbyville Indiana 46176 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Unsecured Is the claim subject to offset? **✓** No Yes **ONEMAIN** 4.9 \$8,901.00 Last 4 digits of account number 1454 Nonpriority Creditor's Name 8/2017 When was the debt incurred? PO BOX 1010 Number Street As of the date you file, the claim is: Check all that apply. Contingent **EVANSVILLE** 47706 Indiana Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only $\overline{}$ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

✓ No Yes

Is the claim subject to offset?

Other. Specify __

048 InstallmentLoan

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K Debtor 1 Lavonda Travis Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 PNC BANK, N.A. \$1,024.00 Last 4 digits of account number 0512 Nonpriority Creditor's Name 1 FINANCIAL PKWY When was the debt incurred? 9/2017 Street Number As of the date you file, the claim is: Check all that apply. Contingent Michigan 49009 **KALAMAZOO** Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 SYNCB/JCP \$777.00 Last 4 digits of account number 4507 Nonpriority Creditor's Name PO BOX 965007 When was the debt incurred? 12/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent Orlando Florida 32896 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ CreditCard Is the claim subject to offset? **✓** No Yes US DEPT OF ED/GLELSI 4.12 \$6,441.00 Last 4 digits of account number _ 7577 Nonpriority Creditor's Name 2401 INTERNATIONAL LN When was the debt incurred? 12/1995 Number Street As of the date you file, the claim is: Check all that apply. Contingent 53704 MADISON Wisconsin Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? No

Yes

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| ebtor 1 | Lavonda First Name | | K Middle Name | Travis Last Name | Case r | number (if known) | | | |
|------------------------|---------------------------------------|-------------------------------------|---|--|--|--|--|--|--|
| rt 3: | | | bout a Debt That Yo | | | | | | |
| coll | ection agency is ection agency h | trying to collective. Similarly, if | ct from you for a debt y fyou have more than o | ou owe to someone ne creditor for any | e else, list the o of the debts tha | ou already listed in Parts 1 or 2. For example, if a priginal creditor in Parts 1 or 2, then list the at you listed in Parts 1 or 2, list the additional r 2, do not fill out or submit this page. | | | |
| Arn | old Scott Harris | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| | 111 W. Jackson # 600 Number Street | | | | of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | |
| - Nur | | | | - | oney. | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Chi | cago | Illinois | 60604 | Last 4 digits of a | r | | | | |
| City | 1 | State | Zip Code | | | · | | | |
| WE | LTMAN WEINBER | RG & REIS | | | | | | | |
| Nam | ie . | | | On which entry | in Part 1 or Par | t 2 did you list the original creditor? | | | |
| 180 N LASALLE ST # 240 | | Line 4.7 | of (Check | Part 1: Creditors with Priority Unsecured Claims | | | | | |
| Nur | nber Street | | | - | one): | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Chi | cago | Illinois | 60601 | Last 4 digits of a | ccount number | • | | | |
| City | 1 | State | Zip Code | act : digita of t | iooodiii ildiiibo | · | | | |

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Debtor 1 Lavonda K Travis Case number (if known)

| FIISLING | arie ividue name Last name | | | |
|-----------------------------|---|---------|-----------------------|---------|
| Part 4: Add t | he Amounts for Each Type of Unsecured Claim | | | |
| | amounts of certain types of unsecured claims. This information is mounts for each type of unsecured claim. | s for s | atistical reporting p | urposes |
| | | | Total claims | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$4,500.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that | 6d. | \$0.00 | |
| | amount here. 6e. Total. Add lines 6a through 6d. | 6e. | \$4,500.00 | |
| | oo, rotan raa moo oo im oo ga | | | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$6,441.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$25,295.02 | |
| | 6i Total Add lines 6f through 6i | 6i | \$31,736.02 | \neg |

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| Fill in this information to identify your case: | | | | | | | | | |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|--|
| Debtor 1 | Lavonda | K | Travis | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | | | | | | |
| Case number | | | (, | | | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this infor | mation to identify yo | ur case: | | |
|------------------------|-----------------------|-------------------------------------|--------------------------------|--|
| Debtor 1 | Lavonda | K | Travis | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for | the: Northern | District of Illinois | |
| 0 | | | (State) | |
| Case number (If known) | | | | |
| | | | | Check if this is an |
| | | | | amended filing |
| Official | Form 106 | H | | |
| | | | | |
| Schedul | e H: Your C | odebtors | | 12/15 |
| 1. Do you ha | · | (If you are filing a joint case, do | · | debtor.) ommunity property states and territories include Arizona, California, |
| Idaho, Lo | uisiana, Nevada, New | Mexico, Puerto Rico, Texas, W | ashington, and Wisconsin.) | |
| ✓ No. | Go to line 3. | | | |
| Yes. | Did your spouse, for | ormer spouse, or legal equiva | lent live with you at the time | 9? |
| ✓ | No | | | |
| | Yes. In which comm | nunity state or territory did you | ı live? | Fill in the name and current address of that person. |
| | | | | <u></u> |
| | Name of your spou | se, former spouse, or legal equ | ivalent | |
| | Number Street | | | <u> </u> |
| | Number Street | | | |
| | City | State | Zip Code | |
| | | | | |
| again as | a codebtor only if th | at person is a guarantor or c | osigner. Make sure you ha | our spouse is filing with you. List the person shown in line 2 we listed the creditor on Schedule D (Official Form 106D), ale D, Schedule E/F, or Schedule G to fill out Column 2. |

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this in | nformation to identify | your case: | | | | | | | |
|------------------------------|---|---|--|----------|-------------------|-------------------|--|--------------------|--|
| Debtor 1 | Lavonda | K | Travis | · | | | | | |
| | First Name | Middle Name | Last N | ame | | - Che | eck if this is: | | |
| Debtor 2 | (d) First Name | Mistalla Nassa | L a at NI | | | | An amended filing | | |
| (Spouse, ii iiiiii | g) First Name | Middle Name | Last N | ame | | | • | natition abouter 1 | |
| | s Bankruptcy Court for | Northern | District of Illi | | | | A supplement showing post- expenses as of the following | | |
| the: Case numbe | er | | (5 | itate) | | | - | | |
| (If known) | | | | | | _ | MM / DD / YYYY | | |
| Official | Form 106I | | | | | | | | |
| Schedu | ıle I: Your In | come | | | | | | 12/1 | |
| spouse. If m number (if k | | l, attach a separate she y question. | | | _ | - | not include information i ional pages, write your n | - | |
| 1. Fill in yo | our employment | | Debtor 1 | | | | Debtor 2 | | |
| informat | tion. | Employment status | | | | | - Employed | | |
| - | ve more than one job, separate page with | Employment status | Emplo Not En | - | ved | | Employed Not Employed | | |
| | on about additional | | LI NOT LI | прю | yeu | | Not Employed | | |
| employer | rs. | Occupation | Payroll | | | | _ | | |
| | oart time, seasonal, or loyed work. | Employer's name | Senior Lifestyle 303 East Wacker Drive, Suite 2400 | | | | | | |
| • | • | Employer's address | | | | | | | |
| • | ion may include student maker, if it applies. | | Number Street | | | | Number Street | | |
| | | | Inless | <u>.</u> | III::- | 00400 | | | |
| | | | Blue Island City | J | Illinois State | 60406 Zip Code | City State | e Zip Code | |
| | | How long employed there? | 2 years 10 | mor | nths | | | | |
| Part 2: G | ive Details About N | | | | | | | | |
| spouse unle | ess you are separated. | - | • | | | • | write \$0 in the space. Include | | |
| , , | e, attach a separate she | , , | | | | ebtor 1 | For Debtor 2 or | | |
| | | ary, and commissions (befo | | 2. | | \$4,255.05 | non-filing spouse | | |
| be. | ,et paid monthly | , mac and mornary | | | | | | | |
| 3. Estima | ate and list monthly ove | rtime pay. | | 3. | | + \$0.00 | | | |
| 4. Calcul | ate gross income. Add I | ine 2 + line 3. | | 4. | | \$4 255 05 | | | |

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| Debtor ' | 1Lavonda | K Middle News | Travis | | Case number (if | | | |
|--------------------------|---|---|----------------|-----------|------------------------|-----------------------------------|-------|-------------------------|
| | First Name | Middle Name | Last Name | 9 | known) For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| Сору | line 4 here | | \rightarrow | 4. | \$4,255.05 | | | |
| 5. List a l | II payroll deductions | | | | | | | |
| 5a. T a | ax, Medicare, and So | ocial Security deductions | | 5a. | \$324.70 | | | |
| 5b. M | landatory contributi | ons for retirement plans | | 5b. | \$0.00 | | | |
| 5c. V o | oluntary contribution | ns for retirement plans | | 5c. | \$0.00 | | | |
| 5d. R | equired repayments | of retirement fund loans | | 5d. | \$0.00 | | | |
| 5e. In | surance | | | 5e. | \$109.46 | | | |
| 5f. D o | omestic support obli | gations | | 5f. | \$0.00 | | | |
| 5g. U | nion dues | | | 5g. | \$0.00 | | | |
| 5h. O | ther deductions. Sp | ecify: | <u></u> | 5h. + | \$0.00 + | | | |
| 6. Add tl +5h. | ne payroll deduction | s. Add lines 5a + 5b + 5c + 5d + 5e | +5f + 5g | 6. | \$434.16 | | | |
| 7. Calcu | late total monthly ta | ake-home pay. Subtract line 6 from | line 4. | 7. | \$3,820.90 | | | |
| 8. List a | ll other income regu | larly received: | | | | | | |
| bı | usiness, profession, | | | | | | | |
| gr | | each property and business showing and necessary business expenses, come. | | 8a. | \$0.00 | | | |
| 8b. In | terest and dividend | s | | 8b. | \$0.00 | | | |
| | amily support payme ependent regularly r | ents that you, a non-filing spouse, eceive | , or a | | | | | |
| | clude alimony, spous vorce settlement, and | al support, child support, maintenar property settlement. | nce, | 8c. | \$0.00 | | | |
| 8d. U | nemployment comp | ensation | | 8d. | \$0.00 | | | |
| 8e. S e | ocial Security | | | 8e. | \$0.00 | | | |
| Inc ca un ho | clude cash assistance sh assistance that you | sistance that you regularly receive and the value (if known) of any non u receive, such as food stamps (ben l Nutrition Assistance Program) or | 1- | 8f. | \$0.00 | | | |
| 8a P | ension or retirement | t income | | 8g. | \$0.00 | | | |
| · · | ther monthly incom | | | 8h. + | \$0.00 + | | | |
| | - | lines 8a + 8b + 8c + 8d + 8e + 8f +8 | 8g + 8h. | 9. | \$0.00 | | | |
| | ulate monthly incom he entries in line 10 fo | e. Add line 7 + line 9. or Debtor 1 and Debtor 2 or non-filin | g spouse | 10. | \$3,820.90 + | | = | \$3,820.90 |
| Includ friend | de contributions from s or relatives. | ontributions to the expenses that an unmarried partner, members of y ts already included in lines 2-10 or a | our househo | old, your | dependents, your roomn | | | |
| Speci | fy: | | | | | | 11. + | \$0.00 |
| | | ast column of line 10 to the amou | | | | • | 12. | \$3,820.90 |
| | | • | • | | | • • | | Combined monthly income |
| \ | ou expect an increas | se or decrease within the year af | ter you file t | his form | ? | | | - |
| Ш | | | | | | | | |

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| | | Docu | iment Page 35 of 6 | 7 | |
|---------------------------------|--|--|---|-------------------|---|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Lavonda | K | Travis | | |
| Dalata : 0 | First Name | Middle Name | Last Name | Check if this is: | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filli | ng |
| United States B | ankruptcy Court for the | e: Northern [| District of Illinois (State) | | howing post-petition chapter 13 the following date: |
| Case number (If known) | - | | (Class) | MM / DD / YYY | |
| Official | Form 106J | | | | |
| Schedul | e J: Your Ex | penses | | | 12/15 |
| information. If i | - | l, attach another sheet to this | re filing together, both are equa form. On the top of any additior | | |
| Part 1: Desc | | olu | | | |
| ■ No. Oc | | | | | |
| | to line 2 | | | | |
| Yes. Do | es Debtor 2 live in a | separate household? | | | |
| | No | | | | |
| | Yes. Debtor 2 must | file Official Forms 106J-2, Exper | nses for Separate Household of Deb | otor 2. | |
| 2. Do you have | e dependents? | No | | | |
| Do not list D Debtor 2. | | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| | | | Child | 6 years | No. ✓ Yes. |
| than yourself and | f people other | No Yes | | | |
| dependents Part 2: Estir | | Monthly Expenses | | | |
| Estimate your | expenses as of your l of a date after the ban | bankruptcy filing date unless y | ou are using this form as a supp plemental Schedule J, check th | | |
| • | • | -cash government assistance it on Schedule I: Your Income | • | | Your expenses |
| | or home ownership or the ground or lot. 4. | expenses for your residence. In | clude first mortgage payments and | I | \$1,071.00 |

If not included in line 4: 4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

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Debtor 1 Lavonda K Travis Case number (if known)
First Name Middle Name Last Name

| | | Your expenses |
|---|------------|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$200.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$50.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$190.00 |
| 6d. Other. Specify: | 6d | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$700.00 |
| 8. Childcare and children's education costs | 8. | \$175.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$150.00 |
| 10. Personal care products and services | 10. | \$100.00 |
| 11. Medical and dental expenses | 11. | \$60.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$300.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$120.00 |
| 15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$25.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$125.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a | \$527.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: | 17c | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from | | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19.Other payments you make to support others who do not live with you. | | * |
| Specify: | 19. | \$0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property | 20a | \$0.00 |
| 20b. Real estate taxes. | 20a 20b | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20b 20c | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. | 20d | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20d 20e | \$0.00 |
| | 208 | φυ.υυ |

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| Debtor 1 | | K | Travis | Case number (if known) | | |
|-----------------|----------------------------|----------------------------|--|------------------------|-----|------------|
| | First Name | Middle Name | Last Name | | | |
| 21. Othe | r. Specify: | | | | 21 | \$0.00 |
| 22 Calc | ulate your monthly expe | neae | | | | |
| | Add lines 4 through 21. | 110001 | | | | \$3,793.00 |
| | · · | onese for Dobtor 2) if any | , from Official Form 106J-2 | | | \$0.00 |
| | | , | | | | \$3,793.00 |
| | Add line 22a and 22b. The | | erises. | | 22. | |
| | ılate your monthly net in | | | | | |
| 23a. | Copy line 12 (your combin | ed monthly income) from | Schedule I. | | 23a | \$3,820.90 |
| 23b. | Copy your monthly expens | ses from line 22 above. | | | 23b | \$3,793.00 |
| | Subtract your monthly exp | , | ncome. | | | \$27.90 |
| | The result is your monthly | net income. | | | 23c | |
| For more | example, do you expect to | finish paying for your car | ses within the year after you within the year or do you modification to the terms of | ou expect your | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| Fill in this intor | mation to identify your c | ase: | |
|---------------------|---------------------------|-------------|----------------------|
| Debtor 1 | Lavonda | K | Travis |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number | | | |
| (If known) | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information. $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} \right)$

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below | |
|-----|--|---|
| | Did you pay or agree to pay someone who is NOT an attorney to h | help you fill out bankruptcy forms? |
| | ✓ No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and |
| × | · | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 1/5/2018 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| | | r case: | | | | |
|---|---|---|--|--|-----------------------|--|
| Debtor 1 | Lavonda First Name | K Middle Name | Travis Last Nam | | | |
| Debtor 2 | Filst Name | Middle Name | Last Nam | е | | |
| (Spouse, if filing) | First Name | Middle Name | Last Nam | e | | |
| United States | s Bankruptcy Court for th | e: <u>Northern</u> | District of Illino (State | | | |
| Case number (If known) | er | | | | | |
| Official | Form 107 | | | | | Check if this amended fili |
| Statem | ent of Financ | ial Affairs for I | ndividuals | Filing for Bank | ruptcy | O |
| | | possible. If two married eded, attach a separate | | | | |
| | nown). Answer every | | Sheet to this form. | . On the top of any dud | intoriai pages, write | your name and case |
| Part 1: Giv | ve Details About Yo | ur Marital Status and \ | Where You Lived | Before | | |
| | | | | | | |
| 1. What i | is your current marital | status? | | | | |
| ☐ M | 1arried | | | | | |
| ✓ N | ot married | | | | | |
| | | | | | | |
| 2. During | g the last 3 years, have | you lived anywhere othe | r than where you liv | ve now? | | |
| | | you lived anywhere othe | r than where you liv | ve now? | | |
| □ N | lo | | • | | | |
| □ N | lo | you lived anywhere others you lived in the last 3 years | • | | | |
| □ No | lo | s you lived in the last 3 year | ars. Do not include v | | | Dates Debtor 2 lived there |
| □ No | lo es. List all of the places | s you lived in the last 3 year | ars. Do not include v | where you live now. Debtor 2: | | there |
| □ No | lo es. List all of the places lebtor 1: | s you lived in the last 3 year | ars. Do not include v | vhere you live now. | | there |
| N ₁ Y ₂ Y ₃ D ₁ | lo es. List all of the places | s you lived in the last 3 year | ars. Do not include v | where you live now. Debtor 2: | | there |
| No Ye | o les. List all of the places lebtor 1: | s you lived in the last 3 year | ars. Do not include v res Debtor 1 lived re | Debtor 2: Same as Debtor 1 | | Same as Debtor 1 |
| No Ye | o les. List all of the places lebtor 1: | pour lived in the last 3 year by Dat the | ars. Do not include vesses Debtor 1 lived re | Debtor 2: Same as Debtor 1 | | Same as Debtor 1 |
| No Ye | lo les. List all of the places lebtor 1: 16 E Marquette Rd, # 2 lumber Street | Dat the | ars. Do not include vesses Debtor 1 lived re | Debtor 2: Same as Debtor 1 | Zip Code | Same as Debtor 1 |
| No Yes | lo les. List all of the places lebtor 1: 16 E Marquette Rd, # 2 lumber Street | Dat the From 60637 | ars. Do not include vesses Debtor 1 lived re | Debtor 2: Same as Debtor 1 Number Street | Zip Code | From To |
| No Yes | lo les. List all of the places lebtor 1: 16 E Marquette Rd, # 2 lumber Street chicago Illinois sity State | Dat the From 60637 | ars. Do not include votes Debtor 1 lived re m 12/2014 12/2017 | Debtor 2: Same as Debtor 1 Number Street City State Same as Debtor 1 | Zip Code | From To |
| No Ye | lo les. List all of the places lebtor 1: 16 E Marquette Rd, # 2 lumber Street | Dat the From To 60637 Zip Code | ars. Do not include votes Debtor 1 lived re m 12/2014 12/2017 | Debtor 2: Same as Debtor 1 Number Street City State | Zip Code | FromTo Same as Debtor 1 |
| No Ye | lo les. List all of the places lebtor 1: 16 E Marquette Rd, # 2 lumber Street chicago Illinois sity State | Dat the From To 60637 Zip Code From From To | ars. Do not include votes Debtor 1 lived re m 12/2014 12/2017 | Debtor 2: Same as Debtor 1 Number Street City State Same as Debtor 1 | Zip Code | there Same as Debtor 1 From To Same as Debtor 1 |

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Case number (if known)

Travis

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, Wages, From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$51110.25 For last calendar year: commissions, commissions, 2017 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$48021.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 For the calendar year before that: (January 1 to December 31, 2016

Debtor 1 Lavonda

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Travis Debtor 1 Lavonda __ Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

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| or 1 | Lavonda | | K | Tra | avis | Case number | (if known) |
|-----------------------|--|--|--|---|--|---|---|
| | First Name | | Middle Name | Las | st Name | | |
| Insid corp agei | ders include your porations of whic | relatives; a h you are a for a busin | iny general partner in officer, director, ness you operate a | s; relatives of any person in control, | general partners; part or owner of 20% or | nerships of which y more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| ✓ | No Vac List all no | monto to | an incidor | | | | |
| Ш | Yes. List all pay | yments to a | an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | No | _ | ranteed or cosigne t benefited an ins | • | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | | | | include cleditor's name |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | _ | | | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |

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Travis Debtor 1 Lavonda Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Contract Pending Cook County Circuit Court LVNV Funding v Lavonda Travis Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded 07 M1 192152 Illinois 60602 Chicago City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property 07 M1 192152 - LVNV Funding v Lavonda Travis 12/29/2017 \$855 LVNV Funding LLC Creditor's Name Explain what happened PO Box 10675 Number Street Property was repossessed. c/o Resurgent Capital Services Property was foreclosed. Greenville South Carolina 29603 Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name **Explain what happened** Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1 Lave | | K Middle Name | Travis Last Name | _ Case number (if known) | | |
|------|-----------|---|--------------------|---|------------------------------|--------------------------|-------------------|
| 11. | | nts or refuse to make a payı | | ny creditor, including a bank o owed a debt? | r financial institution, set | off any amoun | ts from your |
| | ت | es. Fill in the details. | | | | | |
| | | | | Describe the action the cred | | Date action vas taken | Amount |
| | Cre | editor's Name | | | - | | |
| | | | | | | | |
| | Nu | umber Street | | Lost 4 digits of account number | ow VVVV | | |
| | | | | Last 4 digits of account number | er. ^^^- | | |
| | Cit | ty State | Zip Code | | | | |
| 12. | | 1 year before you filed for b ted receiver, a custodian, o | | of your property in the posse | ssion of an assignee for th | he benefit of cr | editors, a court- |
| | ✓ No | | | | | | |
| | | | | | | | |
| Part | 5: LIS | t Certain Gifts and Cont | ributions | | | | |
| 13. | Within | 1 2 years before you filed for | bankruptcy, did yo | ou give any gifts with a total va | alue of more than \$600 pe | er person? | |
| | ✓ N | | 16. | | | | |
| | | es. Fill in the details for each | _ | Describe the gifts | r | Dates you | Value |
| | | er person | e man wood | bescribe the gifts | g | gave the gifts | value |
| | _ | | 0.0 | | - | | |
| | Pei | erson to Whom You Gave the | Gift | | | | |
| | - | | | | | | |
| | Nu | umber Street | | | | | |
| | Cit | | Zip Code | | | | |
| | Pei | erson's relationship to you | | | | | |
| | Pe | erson to Whom You Gave the | Gift | | - | | |
| | | | | | | | |
| | Nu | umber Street | | | | | |
| | Cit | | Zip Code | | | | |
| | Pe | erson's relationship to you | | | | | |

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| First Name Middle Name Last Name 4. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ✓ No ─ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 ────────────────────────────────── | | Lavonda | K | Travis Case numl | ber <i>(if known)</i> | |
|---|---------|---|---------------------------------------|---|---------------------------------------|------------------------|
| No Yes. Fill in the details for each gift or contribution. Describe what you contributed Date you contributed Charity is Name Number Street St | | First Name | Middle Name | | · · · · · · · · · · · · · · · · · · · | |
| No Yes Fill in the details for each gift or contribution. Charity's Name Describe what you contributed Date you contributed Charity's Name Number Street City State Zip Code Describe what you contributed Date you contributed Charity's Name Number Street City State Zip Code Describe any insurance coverage for the loss include the emount that insurance and spate. List pending insurance claims on line 33 of Schedule Afti-Ripopty. Theft of household items State Farm covered \$5000.00 10.2017 \$14000.00 | | | | | | |
| Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$500 | Wi | thin 2 years before you filed | d for bankruptcy, did | you give any gifts or contributions with a total | al value of more than \$600 | to any charity? |
| Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total more than \$500 | V | No | | | | |
| Gifts or contributions to charities that total more than \$600 Charthy's Name Number Street City Strate Zip Code Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance dams on line 33 of <i>Schedule ARI: Phopary</i> . Theft of household items The office of property of the property of the details. State Farm covered \$5000.00 Total Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consobut seeking bankruptcy or preparing a bankruptcy petition? Include any attomps, bankruptcy or preparing a bankruptcy petition? No Yes. Fill in the details. Description and value of any property Transferred Attorney's Fee - 0.00 Attorney's Fee - 0.00 Attorney's Fee - 0.00 Person Who Was Paid 20'S Clark Smeat Number Street City State Zip Code Email or website address None Person Who Was Paid City State Zip Code Email or website address Number Street City State Zip Code Email or website address Number Street | Ë | l Yes Fill in the details for e | ach gift or contributi | on | | |
| Charity's Name Number Street Number Street District Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid. List panding insurance dams on line 33 of Schedule AB: Paperty. Theft of household items Theft of household items State Farm covered \$5,000.00 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you con about seeking bankruptcy or preparing a bankruptcy petition? Include any attomeys, bankruptcy petition prepares, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property Transferred Attorney's Foe - 0.00 The payment of transfer was made and payment transfer any property transfer was made and payment was made a | | | _ | | | |
| Charity's Name Number Street | | | | Describe what you contributed | | Value |
| Number Street City State Zip Code Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Part of household items State Farm covered \$5000.00 Theft of household items State Farm covered \$5000.00 The form of the | | that total more than 5000 | , | | Contributed | |
| Number Street City State Zip Code Within 1 year before you filled for bankruptcy or since you filled for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred how the | | | | _ | | |
| City State Zip Code | | Charity's Name | | | | |
| City State Zip Code | | | | <u>-</u> | | |
| City State Zip Code List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of thefi, fire, other disaster, gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred include the amount that insurance has paid. List pending insurance dains on line 33 of Schedule ARS: Property. Theft of household items Titlet Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you con about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or oredit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transfer any property to anyone you con about seeking bankruptcy petition preparers, or oredit counseling agencies for services required in your bankruptcy. Attorney's Fee - 0.00 Description and value of any property transfer any property transferred Attorney's Fee - 0.00 Attorney's Fee - 0.00 Person Who Was Paid Number Street City State Zip Code Email or website address None Person Who Was Paid Number Street City State Zip Code Email or website address City State Zip Code Email or website address City State Zip Code Email or website address | | | | _ | | |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe the property you lost and how the loss occurred Describe the property you lost and how the loss occurred Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule AB: Property. Theft of household items State Farm covered \$5000.00 Test Certain Payments or Transfers Within 1 year before you lifed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition prepares, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer or transfer any property transferred or transfer | | Number Street | | | | |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred Describe the property you lost and how the loss occurred Describe the property you lost and how the loss occurred. Theft of household items State Farm covered \$5000.00 State Farm covered \$5000.00 Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> . State Farm covered \$5000.00 Total Question of the property of the pending insurance of the loss include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> . State Farm covered \$5000.00 Total Question of the pending insurance of the loss include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule AB: Property</i> . State Farm covered \$5000.00 Total Question of the pending insurance coverage for the loss include the amount that insurance has paid. List pending insurance coverage for the loss include the amount that insurance has paid. List pending insurance coverage for the loss include the amount that insurance has paid. List pending insurance coverage for the loss include the amount that insurance has paid. List pending insurance coverage for the loss included the amount that insurance has paid. List pending insurance coverage for the loss included the amount that insurance has paid. List pending insurance coverage for the loss included the amount that insurance has paid. List pending insurance coverage for the loss included the amount that insurance has paid. List pending insurance coverage for the loss included the amount that insurance has paid. List pending insurance coverage for the loss included the amount that insurance coverage for the loss included the amount that insurance has paid. List pending has paid. List pending has | | | | _ | | |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? Yes. Fill in the details. Describe the property you lost and how the loss occurred Person Who Was Paid Seminal Law Firm Person Who Made the Payment, if Not You Person Who Made Paid Number Street City State Zip Code Email or website address Number Street City State Zip Code Email or website address | | City State | Zip Code | | | |
| Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, gambling? No | _ | List Cantain Lassas | | | | |
| gambling? | 0: | List Gertain Losses | | | | |
| Theft of household items Theft of household items State Farm covered \$5000.00 10/2017 \$14000.00 Theft of household items State Farm covered \$5000.00 10/2017 \$14000.00 10/2017 \$1 | ✓ | Yes. Fill in the details. Describe the property you | u lost and | Include the amount that insurance has paid. | List loss | Value of property lost |
| Theft of household items State Farm covered \$5000.00 10/2017 \$14000.00 Theft of household items State Farm covered \$5000.00 10/2017 \$14000.00 The covered \$5000.00 State Farm covered \$5000.00 The covered \$5000.00 State Farm covered \$5000.00 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you contabout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property or transfer was made 20. S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Was Paid Number Street City State Zip Code Email or website address City State Zip Code Email or website address | | | | | edule | |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consubout seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Attorney's Fee - 0.00 Attorney's Fee - 0.00 Include any services required in your bankruptcy. Date payment or transfer any property to anyone you consult to a service services required in your bankruptcy. Date payment or transfer any property to anyone you consult to a service services required in your bankruptcy. Date payment or transfer any property to anyone you consult to anyone you consult to a service services required in your bankruptcy. Date payment or transfer any property to anyone you consult to anyone you consult to a service services required in your bankruptcy. Date payment anyone you consult to anyone you | | Thaft of household items | | | 10/2017 | \$14000.00 |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you con about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Description and value of any property transfer was made | | Their of household items | | State Farm covered \$5000.00 | 10/2017 | ψ14000.00 |
| Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consider a seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No | | List Cautain Daymanta | au Tuanafana | | | |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Was Paid Number Street City State Zip Code Email or website address Noune Person Who Was Paid Number Street | | iado arry attorrioyo, barntiapto | | r creati counselina agencies for services regulirea | iii your bariii aptoy. | |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Was Paid Number Street City State Zip Code Email or website address | <u></u> | No | | r credit counseling agencies for services required | | |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Was Paid Number Street City State Zip Code Email or website address City State Zip Code Email or website address | | | | r credit counseling agencies for services required | | |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | ٠ | | | | Date navment | Amount of |
| Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | ٠ | | | Description and value of any property | | |
| Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | ت. | | | Description and value of any property | or transfer | |
| Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. | | Description and value of any property transferred | or transfer was made | payment |
| Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm | | Description and value of any property transferred | or transfer was made | payment |
| Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | | Description and value of any property transferred | or transfer was made | payment |
| Chicago Illinois 60603 City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street | | Description and value of any property transferred | or transfer was made | payment |
| City State Zip Code Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street | | Description and value of any property transferred | or transfer was made | payment |
| Email or website address None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor | | Description and value of any property transferred | or transfer was made | payment |
| None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois | 60603 | Description and value of any property transferred | or transfer was made | payment |
| None Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois | 60603 | Description and value of any property transferred | or transfer was made | payment |
| Person Who Made the Payment, if Not You Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State | 60603 | Description and value of any property transferred | or transfer was made | payment |
| Person Who Was Paid Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address | 60603 | Description and value of any property transferred | or transfer was made | payment |
| Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| Number Street City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| City State Zip Code Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| Email or website address | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid | 60603 Zip Code | Description and value of any property transferred | or transfer was made | payment |
| | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid Number Street | 60603 Zip Code ment, if Not You | Description and value of any property transferred | or transfer was made | payment |
| | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid Number Street | 60603 Zip Code ment, if Not You | Description and value of any property transferred | or transfer was made | payment |
| Person Who Made the Payment if Not You | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid Number Street City State | 60603 Zip Code ment, if Not You | Description and value of any property transferred | or transfer was made | payment |
| rolon the made and raymond a from the | | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address None Person Who Made the Payn Person Who Was Paid Number Street City State | 60603 Zip Code ment, if Not You | Description and value of any property transferred | or transfer was made | payment |

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| Debtor : | Lavonda | K | Travis Case | number (if known) | |
|------------------|--|--|---|--|------------------------------|
| | First Name | Middle Name | Last Name | | |
| he | thin 1 year before you file Ip you deal with your cred not include any payment o | ditors or to make payn | | pay or transfer any property to a | nyone who promised t |
| ☑ | No Yes. Fill in the details. | | | | |
| _ | • | | Description and value of any propert transferred | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | - | | |
| | Number Street | | - | | |
| | City State | Zip Code | - | | |
| th Inc | e ordinary course of your | business or financial as and transfers made as | security (such as the granting of a security in | | |
| Ľ | 1 | | Description and value of property transferred | Describe any property or payments received or debts pa in exchange | Date transfer was made |
| | CAPITAL ONE AUTO FIN Person Who Received Tra 3901 DALLAS PKWY Number Street | | _ 2018 Chevy Trax w/ value of \$22595.00 | Auto Loan | 12/2018 |
| | PLANO Texas City State Person's relationship to y None | Zip Code | - | | |
| | Cross Country Bank Person Who Received Tra 1 Cross County Plz Number Street | ansfer | 14645 Dante Ave, Dolton, IL 60419 w/ value \$48,667.00 | \$4000.00 down payment/ Mortgage Loan | 12/2018 |
| | Wynne Arkan City State Person's relationship to y None | Zip Code | - | | |
| be | thin 10 years before you f neficiary? nese are often called asset-p | | id you transfer any property to a self-settl | led trust or similar device of whic | ch you are a |
| <u> </u> | No Yes. Fill in the details. | | | | |
| | | | Description and value of the proper | rty transferred | Date transfer was made |
| | Name of trust | | | | |

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Travis Debtor 1 Lavonda Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Travis Debtor 1 Lavonda _ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb | | Lavonda | | K | Tr | avis | Case | e number <i>(ii</i> | known) | | |
|------|----------|----------------------------|----------------|-------------------|----------------|-----------------|---------------------|---------------------|---------------|-----------------|----------------------------------|
| | | First Name | | Middle Name | La | st Name | | | | | |
| 26. | Hav | e you been a part | y in any judic | ial or administ | rative proce | eding under | any environmen | tal law? In | clude settler | ments and orde | ers. |
| | | No Yes. Fill in the det | tails. | | | | | | | | |
| | | | | | Court or ag | ency | | Nature o | of the case | | Status of the case |
| | | Case title | | | | | | | | | Pending |
| | | | | | Court Name | 1 | | | | | On appeal |
| | | Case number | | | NumberStre | et | | | | | Concluded |
| | | | | | City | State | Zip Code | | | | |
| Part | 11: | Give Details Al | oout Your B | usiness or C | onnections | s to Any Bu | siness | | | | |
| 27. | With | nin 4 years before | you filed for | bankruptcy, di | d you own a | business or | have any of the | following c | onnections t | o any business | s? |
| | | | | | - | | activity, either fo | ull-time or p | oart-time | | |
| | | _ | | | LLC) or limite | ed liability pa | artnership (LLP) | | | | |
| | | A partner in a | | naging executi | ve of a corp | oration | | | | | |
| | | _ | | f the voting or e | - | | ooration | | | | |
| | ✓ | No. None of the a | above applies | s. Go to Part 12 | 2. | | | | | | |
| | | Yes. Check all that | at apply abov | e and fill in the | | | | | | | |
| | | | | | Desc | ribe the natu | ire of the busine | SS | | | number Do not number or ITIN. |
| | | Business Name | | | | | | | EIN: | | |
| | | Number Street | | | _ | | | | Dates busi | ness existed | |
| | | City | State | Zip Code | Name | e of account | ant or bookkeep | er | From | То | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ire of the busine | SS | | | number Do not number or ITIN. |
| | | Business Name | | | | | | | EIN: | | |
| | | Number Street | | | | | | | Dates busi | ness existed | |
| | | 011 | Olata | 7'- 0-4- | Name | e of account | ant or bookkeep | er | | | |
| | | City | State | Zip Code | | | | | From | To | |
| | | | | | | | | | | | |
| | | | | | Desc | ribe the natu | ıre of the busine | SS | | | number Do not |
| | | | | | | | | | EIN: | ciai Security n | number or ITIN. |
| | | Business Name | | | | | | | | | |
| | | Number Street | | | Name | e of account | ant or bookkeep | er | Dates busi | ness existed | |
| | | City | State | Zip Code | _ | | | | From | To | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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| Deb | tor 1 Lavonda | К | Travis | Case number (if known) |
|------|--|-------------------------------|--------------------------------|--|
| | First Name | Middle Name | Last Name | |
| 28. | Within 2 years before your creditors, or other particles | | ou give a financial stateme | ent to anyone about your business? Include all financial institutions, |
| | ✓ No Yes. Fill in the detai | ls below. | | |
| | | | Date issued | |
| | | | | |
| | Name | | MM/DD/YYYY | |
| | Number Street | | _ | |
| | City | State Zip Code | _ | |
| Pari | t 12: Sign Below | | | |
| 1 | true and correct. I unders a bankruptcy case can re | stand that making a false sta | atement, concealing prope | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | e of Debtor 1 | | Signature of Debtor 2 |
| | Date 1/ | 5/2018 | | Date |
| ı | Did you attach additional | pages to Your Statement o | f Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| | ✓ No Yes | | | |
| ı | Did you pay or agree to p | ay someone who is not an a | ttorney to help you fill out | bankruptcy forms? |
| | ✓ No | | | |
| i | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this information to identify your case: | | | | |
|---|---------------------------|-------------|------------------------------|--|
| Debtor 1 | Lavonda | K | Travis | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | , | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: ALLY FINANCIAL Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Buick Encore | Value: \$15,925.00 Retain the property and [explain]: Surrender the property. Creditor's No. name: Cross Country Bank Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: 14645 Dante Ave, Dolton, IL 60419 | Value: \$48,667.00 Retain the property and [explain]: No. Surrender the property. Creditor's name: CAPITAL ONE AUTO FINANCING Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Chevy Trax LS AWD | Value: \$22,595.00 Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

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| Debtor | Lavonda | K | Travis | Case number (if |
|---------|--|-----------------------|------------------------|--|
| 1 | First Name | Middle Name | Last Name | known) |
| Part 2: | List Your Unexpired Perso | onal Property Lease | es | |
| informa | | ate leases. Unexpired | leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill in the tare still in effect; the lease period has not yet ended. You may 1 U.S.C. § 365(p)(2). |
| De | scribe your unexpired personal | property leases | | Will the lease be assumed? |
| Les | ssor's name: | | | □ No □ Yes |
| | scription of leased perty: | | | |
| Les | ssor's name: | | | No Yes |
| | scription of leased perty: | | | |
| Les | ssor's name: | | | □ No □ Yes |
| | scription of leased perty: | | | |
| Les | ssor's name: | | | No Yes |
| | scription of leased perty: | | | |
| Les | ssor's name: | | | No Yes |
| | scription of leased perty: | | | |
| Les | ssor's name: | | | No Yes |
| | scription of leased perty: | | | _ |
| Les | ssor's name: | | | □ No □ Yes |
| | scription of leased perty: | | | |
| Part 3: | Sign Below | | | |
| | er penalty of perjury, I declare t erty that is subject to an unexp | | my intention about any | property of my estate that secures a debt and any personal |
| × | /s/ Lavonda Travis | | × | |
| _ | ignature of Debtor 1 | | _ | gnature of Debtor 2 |
| D | nate 1/5/2018 MM/DD/YYYY | | Da | ate |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Nortnern L | District of Illinois | |
|-------|---|----------------------------|--|---------------------------------------|
| In re | Lavonda K Travis | | Case No. | |
| _ | Debtor | | | (If known) |
| | | | Chapter | Chapter 7 |
| | DISCLOSURE OF | COMPENSA | TION OF ATTORNE | Y FOR DEBTOR |
| 1 | . Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within one rendered on to be rendered on behal | e year before the filing o | of the petition in bankruptcy, or ag | |
| | For legal services, I have agreed to a | ccept | | \$1,850.00 |
| | Prior to the filing of this statement I | have received | | \$0.00 |
| | Balance Due | | | \$1,850.00 |
| 2 | . The source of the compensation pai | d to me was: | | |
| | ✓ Debtor | Other (sp | pecify) | |
| 3 | . The source of the compensation pai | d to me is: | | |
| | Debtor | Other (sp | pecify) | |
| 4 | I have not agreed to share the a members and associates of my | | nsation with any other person unle | ess they are |
| | | w firm. A copy of the ac | ion with a other person or persons greement, together with a list of th | |
| 5 | . In return for the above-disclosed fee | e, I have agreed to rende | er legal service for all aspects of th | e bankruptcy case, including: |
| | a. Analysis of the debtor's fina bankruptcy; | ncial situation, and rend | dering advice to the debtor in dete | rmining whether to file a petition in |
| | b. Preparation and filing of any | petition, schedules, st | atements of affairs and plan which | n may be required; |
| | c. Representation of the debto | at the meeting of cred | itors and confirmation hearing, an | d any adjourned hearings thereof; |
| 6 | . By agreement with the debtor(s), the | above-disclosed fee d | oes not include the following serv | ices: |
| | | | | |
| | | CER | TIFICATION | |
| | I certify that the foregoing is a completor(s) in this bankruptcy proceedings. | te statement of any agr | reement or arrangement for payme | ent to me for representation of the |
| | 1/5/2018 | | /s/ Michael Miller | |
| _ | Date | | Signature of Attorney | |
| | | | | |
| | | | Semrad Law Firm Name of law firm | |
| | | | inaille of law tifffi | |

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1850.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

20.

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As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: 01/03/2018 | | |
|--|------------------|--|
| | 2. | |
| Client Acada | Client | |
| Carried Control of the Control of th | "The Sunday of " | |
| - | | |
| | | |
| _ | | |
| Attorney | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Travis, Lavonda K Debtor(s) | Case No | Case No | | |
|-----------------|--|--|--------------------------------------|--|--|
| | | Chapter. | Chapter7 | | |
| | VERIFICA | ATION OF CREDITOR MAT | TRIX | | |
| Th knowledge | ne above named Debtors hereby verify a | that the attached list of creditors is tr | rue and correct to the best of their | | |
| Date: | 1/5/2018 | /s/ Travis, Lavon Travis, Lavonda <i>Signature of De</i> l | К | | |

ALLY FINANCIAL PO Box 130424 Saint Paul, MN, 55113

ONEMAIN PO BOX 1010 EVANSVILLE, IN, 47706

US DEPT OF ED/GLELSI 2401 Internal Lane Attn: Chhengre Lim Madison, WI, 53704

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

PNC BANK, N.A. Po Box 8807 Dayton, OH, 45401

SYNCB/JCP PO BOX 965007 Orlando, FL, 32896

DISCOVER FIN SVCS LLC PO Box 3025 New Albany, OH, 43054

KOHLS/CAPONE PO BOX 3115 MILWAUKEE, WI, 53201

COMENITY BANK/LNBRYANT 4590 E Broad St Columbus, OH, 43213

COMENITYCAP/CHLDPLCE PO BOX 182120 COLUMBUS, OH, 43218

Internal Revenue Service PO Box 7346 Philadelphia, PA, 19101 Cross Country Bank 1 Cross County Plz Wynne, AR, 72396

CAPITAL ONE AUTO FINANCING 3901 DALLAS PKWY PLANO, TX, 75093

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Arnold Scott Harris 111 W. Jackson # 600 Chicago, IL, 60604

LVNV Funding LLC 24300 Karim Blvd Novi, MI, 48375

WELTMAN WEINBERG & REIS PO Box 93784 Cleveland, OH, 44101

McNeely Stephenson Subrogation Group 2150 Intelliplex Drive, Ste100 Shelbyville, IN, 46176

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| Debtor 1 Lavonda First Name | K Middle Name | Travis | Case number (if known) | | |
|--|---|---|--|--|--|
| an education of the control of the c | estions for Reporting Purpos | Last Name | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primari "incurred by an individu No. Go to line 16b. Yes. Go to line 17. | ily consumer debts? Consumer debts? Consumer debts? Consumer a person illustration debts? But investment or through | nal, family, or household esiness debts are debts the nathe operation of the bus | purpose." nat you incurred to obtain siness or investment. | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that No. | ter 7. Do you estimate tha | t after any exempt property o distribute to unsecured cr | y is excluded and administrative editors? | |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,00 5,001-10,0 10,001-25, | 000 | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | [] \$10,000,00 [] \$50,000,00 | 1-\$10 million 01-\$50 million 01-\$100 million 001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| 20. How much do you estimate your liabilities to be? Part 76. Sign Below | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | [] \$10,000,00 [] \$50,000,00 | I-\$10 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | |
| | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ** ** ** ** ** ** ** ** ** | | | | |
| en transmitter en | | D / YYYY | EXCOURSE OF | MM / DD / YYYY | |

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| Fill in this infor | mation to identify your o | (ase) | | | |
|--------------------------|--|--|--|--|---------------------------------------|
| Debtor 1 | Lavonda | К | Travis | Accordance to the control of the con | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | Articulativasissis | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | 77 77 77 77 77 77 77 77 77 77 77 77 77 | |
| | | | (State) | | |
| Case number (frknown) | ···· | | | ************************************** | |
| <u> </u> | - Company - Comp | | | Maria | Check if this is an |
| Official | Form 106De | eC | | | amended filing |
| | | | | | |
| Declarat | ion About an | Individual Debi | tor's Schedules | • | 12/15 |
| If two married | people are filing togeth | er, both are equally respo | nsible for supplying correc | t information. | |
| money or prope | his form whenever you terty by fraud in connect 1341, 1519, and 3571. | file bankruptcy schedules ion with a bankruptcy cas | or amended schedules. Ma se can result in fines up to | aking a false statement, concealing prope \$250,000, or imprisonment for up to 20 ye | rty, or obtaining ars, or both. 18 |
| Parieje Sign | Below | | | | |
| Did you p | ay or agree to pay some | one who is NOT an attorn | ey to help you fill out bank | cruptcy forms? | |
| Z No | | | | | |
| Yes. I | Name of person | | Attach Bankruptcy F Signature (Official Fo | ^p etition Prepater's Notice, Declaration, and orm 119). | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | : |
| Under per that they | nalty of perjury, I declar are true and correct. | e that I have read the sum | mary and schedules filed | with this declaration and | |

Signature of Debtor 2

MM/DD/YYYY

Date

/s/ Lavonda Travis ~
Signature of Debtor 1

MM/DD/YYYY

Date 1/5/2018

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| Debtor 1 | Lavonda First Name | К | Travis | Case number (if known) |
|-------------|--|-----------------------|------------------------------|--|
| | First Name | Middle Name | Last Name | |
| 28. Wit cre | thin 2 years before you filed ditors, or other parties. No | for bankruptcy, did | you give a financial state | ment to anyone about your business? Include all financial institutions, |
| | Yes. Fill in the details belov | ٧. | | |
| | | | Date issued | |
| | Name | | MM/DD/YYYY | |
| | Number Street | | | |
| | City State | Zip Code | | |
| Part 12: | Sign Below | | | |
| true i | and correct. I understand th | fines up to \$250,000 | atement, concealing pro | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | olgitature or Deo | IOF I | | Signature of Debtor 2 |
| | Date 1/5/2018 | | | Date |
| N | ou attach additional pages i lo 'es | to Your Statement o | f Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)? |
| Did yo | ou pay or agree to pay some | one who is not an a | ttorney to help you fill ou | t bankruptcy forms? |
| 1 | lo | | | |
| II Y | es. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Travis, Lavonda K Debtor(s) | Case No. | |
|-----------------|---|--|------------------------------------|
| | | Chapter. | Chapter7 |
| | VERIFICATION | ON OF CREDITOR MATE | RIX |
| Th knowledge | ne above named Debtors hereby verify that t | he attached list of creditors is tru | e and correct to the best of their |
| Date: | 1/5/2018 | /s/ Travis, Lavonda Travis, Lavonda K Signature of Debte | |

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| Debtor 1 | Lavonda First Name | K Middle Name | Travis Last Name | Case number (if krs | own) | |
|--------------------------|--|---|---|--|--|------------------------|
| Do no | aployment compensation of enter the amount if you conte the Social Security Act, Instead, | nd that the amount | received was a benefit | Column A Debtor 1 \$0.00 | Column B Debtor 2 or non-filing spouse | |
| Fory | ou | | \$0.00 \$0.00 | | | |
| 9.Pensi | on or retirement income. Do it under the Social Security Act. | not include any am | ount received that was a | \$0.00 | **** | nom. |
| amou payme interna | me from all other sources not nt. Do not include any benefits i ents received as a victim of a wa ational or domestic terrorism. If i and put the total below. | received under the S ir crime, a crime aga | Social Security Act or inst humanity, or | | | |
| Total a | amounts from separate pages, it | anv. | | +\$0.00 | + | - |
| | | • | | | | |
| each | culate your total current mon | | _ | \$3,981.56 | | \$3,981.56 |
| COIL | ımn. Then add the total for Colu | imn A to the total to | r Column B. | | | Total current |
| | Determine Whether the M | foons Tost Anni | ion to Vou | | | monthly income |
| | ulate your current monthly inc | | | | | |
| | Copy your total current monthly | ~ | • | Сору | line 11 here -> | \$3,981.56 |
| | Multiply by 12 (the number of m The result is your annual income | • 1 | fom. | | 12 | X 12 b. \$47,778.72 |
| 13 Calcu | late the median family incom | e that applies to y | ou. Follow these steps: | | | |
| Fill in t | the state in which you live. | | Illinois | | | |
| Fill in t | the number of people in your ho | usehold. | 2 | | | |
| Fill in t house | the median family income for yo hold. | ur state and size of | | ··· ··· ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· | 1 | 3. \$67,254.00 |
| To find | d a list of applicable median inco ctions for this form. This list may | me amounts, go o also be available al | nline using the link specif the bankruptcy clerk's o | ied in the separate ffice. | | <u> </u> |
| 14. How (| do the lines compare? | | | | | |
| 14a. | Line 12b is less than or equal Go to Part 3. | al to line 13. On the | top of page 1, check bo | x 1, There is no presumption of | abuse. | |
| 14b. | Line 12b is more than line 1: Go to Part 3 and fill out Form | 3. On the top of pa n 122A-2. | ge 1, check box 2. The p | resumption of abuse is determine | ned by Form 122A-2. | |
| Parit 3; | Sign Below | | | | | |
| Dynie | | 24 | | | | |
| Dy Sit | gning here, I declare under pena | ity or perjory mac in | e information on this star | tement and in any attachments | is true and correct. | |
| × | /s/ Lavonda Travis | and 1 | × | : | | |
| Si | gnature of Debtor 1 | <u> </u> | VANDALIANA. | Signature of Debtor 2 | | |
| Da | ate 1/5/2018 MM/DD/YYYY | | | Date 1/5/2018 MM/DD/YYYY | | |
| | ou checked line 14a, do NOT fill ou checked line 14b, fill out For | | | | | |